



REPUBLIC OF MAURITIUS FACTS AND PROSPECTS

Sexual and Reproductive Health and Rights 2019



Indicator	Value	Source/Year
Total Population in Millions (% Female)	1.3 (51%)	SWOP 2019
Youth Population (10-24 years)	22%	HDR 2018
Total Fertility Rate (TFR)	1.49	SWOP 2019
Adolescent Birth Rate (15-19yrs)	24 per 1,000	SWOP 2019
Maternal Mortality Rate (MMR)	61 per 100,000 live births	MMR 2019
Modern Contraceptive Prevalence Rate (CPR)	44%	SWOP 2019
Unmet Need for Family Planning (FP)	10%	SWOP 2019
HIV Prevalence	0.9%	WB 2015
Gender Inequality Index (GII)	0.373 ranked 84th	HDR 2018
Gross Domestic Product (GDP) Growth (%)	3.9%	HDR 2018
Gini Index	35.8	HDR 2018
Human Development Index (Inequality HDI)	0.790 ranked 64th (0.683/13.5% loss)	HDR 2018



BACKGROUND

The Republic of Mauritius¹ is considered a **Small Island Developing State**, located off the southeast coast of the African continent in the southwest Indian Ocean, with Port Louis as its capital city. The country comprises the islands of Mauritius, Rodrigues, Agaléga and Saint Brandon (the Cargados Carajos Shoals). The country is heterogeneous in religious affiliation, with 48 per cent Hindu, 26 per cent Catholic, 17 per cent Muslim, and 6 per cent Christian and other religions.



UNITED NATIONS POPULATION FUND MODE OF ENGAGEMENT

Classified as an **Upper Middle-Income Country** (UMIC), Mauritius is placed in the **pink**² quadrant mode of engagement of the United Nations Population Fund (UNFPA). However, a scan of the socioeconomic development landscape portrays multiple development inequalities that require attention and timely actions.

¹ This brief draws from published, global comparative data for countries and regions. Key sources are the 2019 State of the World Population Report (SWOP, UNFPA), United Nation's World Population Prospects 2019, Human Development Report 2018 (HDR, UNDP), World Bank Poverty and Equity Data Portal, World Health Statistics (WHO), Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (Maternal Mortality Report [MMR], 2019) and official national data. Recommended citation for this document: United Nations Population Fund (UNFPA), Republic of Mauritius Facts and Prospects: Sexual and Reproductive Health and Rights, 2019.

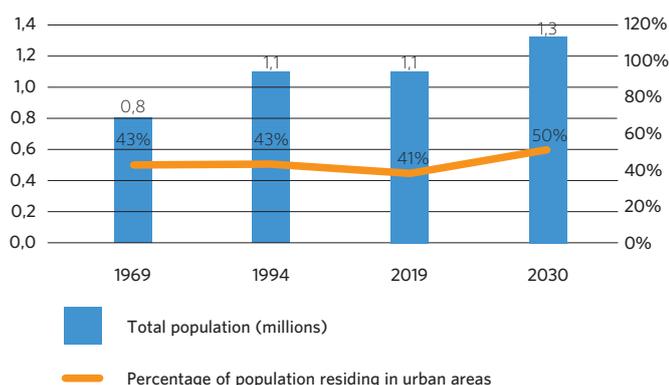
² Pink quadrant due to high gross domestic product (GDP) and increasing ability to finance national development needs.



POPULATION DYNAMICS

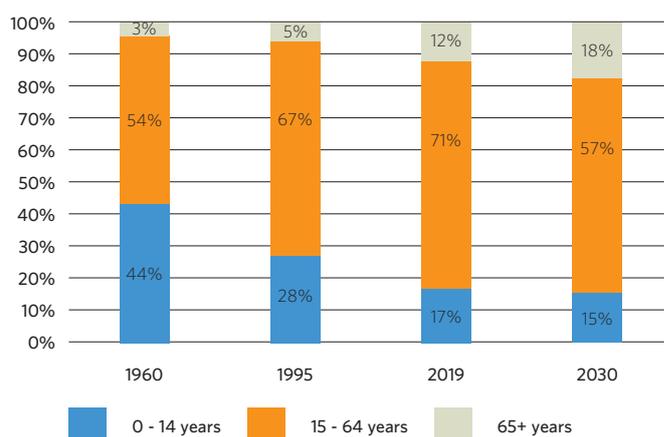
Mauritius' total population increased by 63 per cent to 1.3 million people over the past 50 years, with a population density of 626 people per square kilometre (Figure 1). The average annual rate of population change, however, declined from 1.3 per cent during 1990–1995 to 0.2 per cent during 2010–2019. The proportion of the population residing in urban areas has remained stable at around 40 per cent over the past 50 years and is projected to remain so by 2030. The net migration rate is -1.9 per 1,000 population with about 167,100 Mauritians currently residing outside the country, mostly in Europe, Canada and Australia. **Total fertility rate (TFR)** was 4.2 children per woman by 1970 and has reduced to a below-replacement level of 1.4 children per woman, with significant impacts on the **population age structure**.

Figure 1: Total population and percentage of population residing in urban areas, Mauritius, 1969 - 2030



The proportion of the population under 15 years of age has declined nearly threefold to 17 per cent over the last 50 years, while the proportion of the working-age population (15–64 years) increased by about a third over the same time period (Figure 2). The proportion of the older population (above 65 years) doubled during the last 25 years and is projected to increase further by 50 per cent by 2030, heralding the challenges of an **ageing population**, such as social protection, and health and well-being. Indeed, non-communicable diseases, for example, cardiovascular disease, diabetes, cancer and other chronic diseases are estimated to account for more than 50 per cent of deaths and 80 per cent of morbidity in the country. The country's **life expectancy at birth** increased by five years to 75 years over the last 25 years.

Figure 2: Population composition by age, Mauritius, 1960 - 2030



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Maternal mortality rate: Mauritius' maternal mortality rate (MMR) declined from 68 in 1994 to 61 deaths per 100,000 live births in 2017, and is more than three times lower than the global average of 211. However, unsafe abortion remains a challenge. Approximately 5 per cent of women age 15–49 years report having an **unsafe abortion**³, which shows an increase of 3 per cent since 2002. Considering the illegality⁴ of abortion, under-reporting is likely to be substantial. A report from Gender Links estimates around 1,600 cases of deaths annually from illegal abortions. The progress on maternal mortality is due largely to the universal skilled birth attendance coverage and a functional health system.

HIV: Adult HIV prevalence in Mauritius is estimated at 1.3 per cent, translating to a total of about 12,000 people living with HIV, with the prevalence in males (1.8%) twice of that in females (0.9%). The country has seen a 7 per cent decline in new HIV infections since 2010. The HIV epidemic is concentrated among people who inject drugs, accounting for nearly two thirds (64%) of all confirmed HIV cases since 1987.

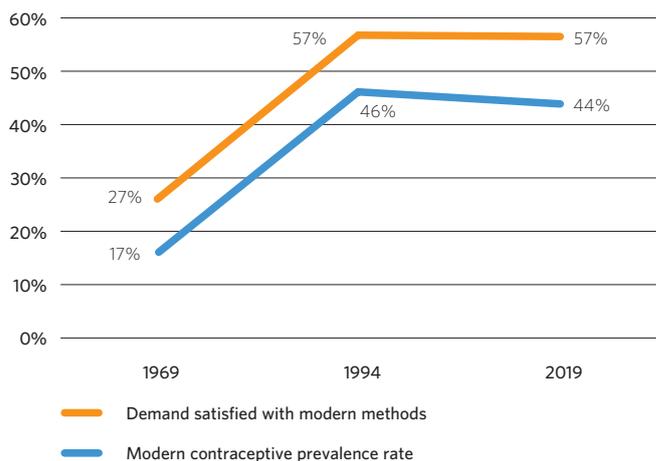
³ The 2014 Contraceptive Prevalence Survey (2014 CPS), Republic of Mauritius.

⁴ Section 235 of the Criminal Code Amendment Bill allows for the termination of pregnancy in special circumstances.

Adolescent birth rate: The total number of births per 1,000 girls aged 15–19 years declined by nearly half from 43 in 1990–1995 to 24 in 2006/17. However, current legislation restricts access to sexual and reproductive health (SRH) services to adolescents under 18 years of age and requires an accompanying responsible party or legal guardian, which is at variance with the legal minimum age of 16 years for sexual consent. Early sexual debut contributes to increased teenage pregnancy, unsafe abortions and sexually transmitted infections, including HIV.

Contraceptive use: The contraceptive prevalence rate (CPR) among currently married women age 15–49 years has not changed much in the last 25 years (Figure 3). An estimated 10 per cent of women have an unmet need for family planning (FP). Modern contraceptive use is less common among young women ages 15–19 years (4%) and ages 20–24 years (9%) (2014, CPS). Predominant methods include male condom (17%), oral pill (14%), female sterilization (12%) and withdrawal (44%). The government provides 55 per cent of modern contraceptives while the private sector caters for about a third (35%) of the needs.

Figure 3: CPR and demand satisfied with modern methods, women 15 - 49, Mauritius, 1969 - 2019



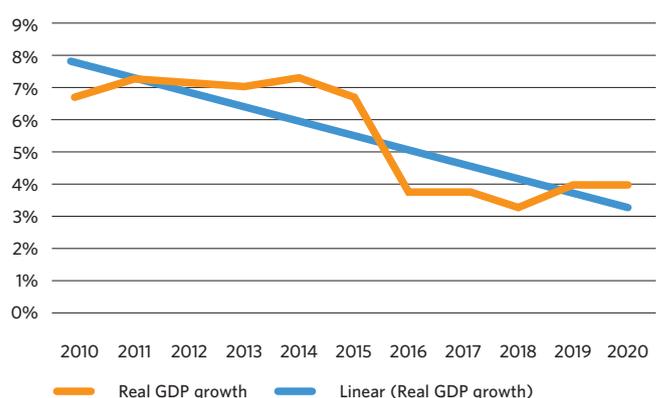
Gender equality: The National Gender Policy Framework (NGPF) and the Equal Opportunity Act, underpin Mauritius’ actions to address gender inequalities (dignity, rights, respect, social justice, equitable access to employment, economic activities, and social services), but gender inequality remains. About a quarter of women in the country have experienced some form of gender-based violence (GBV)⁵ in their lifetime, with less than 1 per cent (0.3%) reporting intimate partner violence (IPV). About one in ten of **seats in parliament** are held by women⁶.



ECONOMIC PERFORMANCE AND EQUITY

Mauritius’ real gross domestic product (GDP) growth rate declined from a peak of 7.4 per cent in 2014 to 4.0 per cent in 2019 and is projected to remain at this level up to 2020, based on International Monetary Fund’s estimates (Figure 4)⁷. The country’s **Gini index**, a measure of wealth or income distribution, increased from 0.37 in 2001 to 0.42 in 2015 before declining again to 0.35 in 2018, suggesting moderate inequality. **Unemployment** is estimated at about 7 per cent with **youth unemployment** three times as high at 23 per cent. The proportion of households living below the **relative poverty** line was estimated at 9 per cent in 2017.

Figure 4: Real GDP growth, Mauritius, 2010 - 2020



⁵ 2012 Gender Links study.

⁶ United Nations Development Programme, Human Development Report 2018.

⁷ International Monetary Fund (IMF), Regional economic outlook: Sub-Saharan Africa, April 2019.



OTHER DEVELOPMENT COMPLEXITIES

Climate change: Variability and extreme weather events are a concern to Mauritius, including Rodrigues, Saint Brandon and Agaléga. Influenced by large ocean-atmosphere interactions such as trade winds, tropical cyclones, and a rising sea level, the average temperature is rising at the rate of 0.15°C per decade, with higher levels in urban locations. The climatic changes have an impact on health, livelihoods, population movements and economic activities.

Education: Universal education is a key priority for the government with near-universal enrolment and gender parity at pre-primary and primary levels, and high transition rates to secondary level. Some of the factors contributing to the education sector's high performance include pregnant students' access to schools. This includes post-delivery attendance, free transportation and textbooks. However, comprehensive sexuality education (CSE) is not incorporated in the education curricula.



ACCELERATING THE PROMISE IN 2019 AND BEYOND

Demographic dividend: The window of opportunity for harnessing the demographic dividend is still open with the **low dependency ratio expected to last for another 15 years**. Targeted policy actions and investments are necessary for youth empowerment and employment creation as well as CSE to address early pregnancy.

Addressing risk of increasing secondary infertility: The rising age of marriage, and delays in the onset of childbearing have many women postponing childbirth as a result of education and employment, which influence fertility. Further analysis of **infertility and abortion** in the country is necessary.

Long-term socioeconomic systems for the ageing population: As the proportion of the older population increases, promotion of and support for lifelong healthy living is essential. Technical and institutional capacity to diagnose and treat diseases associated with aging is required as are the provision of family and home-based support, ambulatory access to care, appropriate drug pricing and long-term residential care through a **geriatric care system**. An analysis of the sustainability of the **pension system**, guided by evidence on current and projected burden of the ageing population on the fiscal space, is also necessary.

Addressing persistent inequalities through the following strategies:

- Promoting equal pay for equal work to address the rising wage inequality through effective implementation of the minimum wage legislation.
- Promoting youth and female labour force participation to contribute to increased household incomes, and potentially contribute to a reduction in inequality and poverty.
- Job creation through employment-intensive industries and relevant macroeconomic and sectoral policies.
- Government policies providing tuition-free tertiary education is expected to expand access to education and improve transition. Policy actions are also required to address the development needs of young people not in education, employment or training (NEET).
- Closing the gender gap in employment especially for women.
- Improved measures for reporting and evidence on GBV, and harmonizing age of consent and access to sexual reproductive health (SRH) information and services without parental consent.

- Expanding the coverage and strengthening implementation of the Social Integration and Empowerment Act as part of the country's Marshall Plan Against Poverty (MPAP), with a keen focus on women, older persons, the youth, unemployed persons, people living with HIV, and persons with disabilities in both urban and rural areas.

Climate change: Intensified efforts by public and private sectors to integrate climate change dimensions and mitigation measures in development strategies will improve resilience to the adverse effects in the short-medium and long term. The evolving blue and green economy, artificial intelligence and innovation present unique opportunities that could benefit young people.

Strengthening availability and use of data to guide development: Generation, analysis and use of data to monitor policy implementation, to measure the impact of investments and business solutions, and to evaluate development programmes will significantly contribute to the country's economic aspirations and will improve livelihoods.

Strengthening and forging strategic partnerships: Intersectoral and multi-stakeholder partnerships have potential to effectively address the prevailing development inequalities. Sustaining existing partnerships, expanding partnership base, and the upkeep of effective coordination will serve as success drivers.



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